

LOGAN REGIONAL HOSPITAL TRANSITIONAL C PROVIDER #: 465123 FACILITY BEDS TYPE ACTION: RECERTIFICATION  
1400 NORTH 500 EAST PHONE NUMBER: (435) 716-5585 TOTAL: 14  
LOGAN UT 84341 PARTICIPATION DATE: 09/06/1990 CERTIFIED: 14 TYPE OWNERSHIP: NONPROFIT - CORPORATION  
STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 05/03/2005	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS: 14			
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TOTAL: 5	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR
MEDICARE: 4	SUSPENSION RESCINDED:	--	----	--	-----
MEDICAID: 0		14			
OTHER: 1					

CURRENT SURVEY REVISIT DATES - NONE

PRIOR 3 SURVEY	S/S CODE	PRIOR 2 SURVEY	S/S CODE	PRIOR 1 SURVEY	S/S CODE	CURRENT SURVEY	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
07/2002		09/2003		07/2004		05/03/2005			
		X		D					REQ F0164-PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS
		X		D					REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES

EDITION OF LSC APPLIED					PLAN/DATE	
PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	OF CORRECTION		LSC DEFICIENCIES - BLDG NO. 01
07/2002	09/2003	07/2004	05/03/2005			
	X		X C		05/03/2005	K0046-EMERGENCY LIGHTING
X						K0050-FIRE DRILLS
		X				K0062-SPRINKLER SYSTEM MAINTENANCE
			X C		06/15/2005	K0070-SPACE HEATERS
X						K0075-WASTEBASKETS
X						K0076-MEDICAL GAS SYSTEM
						K0130-OTHER

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT  
COP = CONDITION REQ = REQUIREMENT

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	0	0	2	0
HEALTH TOTAL	0	0	2	0
LIFE SAFETY CODE	2	1	1	3
LIFE SAFETY CODE + HEALTH	2	1	3	3

COMPLAINT SURVEY INFORMATION

\* NO COMPLAINT SURVEYS FOR THIS FACILITY

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY